PTOTERIOS (12-01)

Invest for one Overage 7/31/2005 CMS 9651-6002

New Office U.S. DEPARTMENT OF COMMERCE on unless & dilptore a valid Chi ander of lek ort: Respection Act of 1886; no participa and required to respond to a c PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-675. Effective December 4, 2004 00 OTHER THAN APPLICATION AS FILED - PART I SHALL ENTITY SHALL ENTITY (Column 1) (Column 1) RATE (S) FFE (1) RATE (1) NUMBER EXTRA NUMBER FILED FOR 300.00 -150.00 M SIC FEE NIA 7 CFR 1 1479 (1) - 47 \$500 \$250 PER S LARCH FEE BEZA WA CFR 1 1604 H. - (m) \$200 NA \$100 EASEMATION FEE MA 244 CFR 1 1866. (1. 40 (10) X\$50 X\$ 25 TAL CLAMS 00 mays 20 · 7 CFR 1 (665) X200 X100 DEPENDENT CLAIMS 7 CPR 1 1600 If the specification and drawings exceed 100 sheets of paper, the application size fee due PPLICATION SIZE is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See TOFR 1 (SIG) 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). +360-+180= ULTIPLE DEPENDENT CLAIM PRESENT OF OFR 1 1609 TOTAL If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL APPLICATION AS AMENDED - PART II OTHER THAN SMALL ENTITY OR SMALL ENTITY (Cotumn 2) (Column 3) (Cotions 1) HUCHEST ADOI-CLANS RATE (5) ADOI-TIONAL FEE (1) PRESENT RATE (F) NUMBER PREVIOUSLY TIONAL REMADING EXTRA FEE (1) AFTER **'**06 PAID FOR 00 XŠSO 150. X\$ 25 22 OR Total **X200** X100 On Cas Fri tion Size Fee (37 CFR 1.16(s)) +360= +180= OR PRIST STEEDINGTON OF MATERIE DEPENDENT CLAM (\$7 CFR 1.19Q) ज्य TOTAL TOTAL 150 ADD'L FEE 3 ADD'L FEE

	/	(Column 1)		. (Courn 2)	(Column 3)		
SENI D	3/12/01	CLAIMS REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
	Total	. 20	Minus	" 25	• /		
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	Application Size Fee (27 CFR 1,16(s))						
₹	FIRST PRESENTATION OF MACTIFIE DEPENDENT CLAIM (ST CFR 1.140))						
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RATE (D)	ADOI- TIONAL FEE (3)		RATE (S)	ADDI- TIONAL FEE (5)
X325 .		OR	X\$50 -	
X100 .	·	on .	X200 .	<u> </u>
+180a		OR	+360=	
TOTAL ADOL FEE	·	oà	TOTAL ADO'L FEE	

If you need assistance in completing the form, colf 1-800-PTO-9199 and select option 2.

[&]quot;If the entry is column 1 is less than the entry in column 2, write "If in column 3,

If the Trighest Number Previously Paid For" IN THIS SPACE is less than 30, enter "20".

If the Trighest Number Previously Paid For" IN THIS SPACE is less than 30, enter "20".

The Trighest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

The Trighest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

The Trighest Number Previously Paid For" (Total or independent) is required to order to the state of the public which is to the factor of independent in the state of the public independent in the state of the stat